

CATHOLIC CHARITIES OF SOUTHEAST TEXAS
2780 EASTEX FREEWAY
BEAUMONT, TX 77703
(409) 924-4400

**APPLICATION FOR
EMPLOYMENT**

Please Print
Use Blue or Black Ink

Catholic Charities of Southeast Texas complies with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, national origin, creed, handicapped condition / disability or other protected classification unless a particular factor is determined to be a bona fide occupational qualification.

Position applied for _____ Date _____

Previously employed by us? _____ When? _____ Position _____

Who referred you to us? _____

If your application is considered favorably, on what date will you be available for work? _____

Salary Requirements: \$ _____ /hour or /year.

PERSONAL

First Name _____ Middle Initial _____ Last Name _____ (Maiden _____)

Address _____

City _____ State _____ Zip Code _____

Email Address _____ Cell _____ Home _____

Do you need any reasonable accommodation in order to perform the essential functions of the position for which you are applying? ____ Yes ____ No If yes, please describe _____

Driver's License: Type _____ State _____ Expires ____ / ____ / ____

License # _____

Are you legally eligible for employment in the USA? _____ Are you over 18 years of age? _____

Have you ever been convicted of violating any law (except traffic violation)? _____ If yes, give date, place, and details: _____

(A conviction record will not necessarily disqualify an applicant from employment. The nature of the offense will be considered in relation to the position applied for).

List any relatives employed by us and your relationship to them: _____

List any friends employed by us _____

U.S. Military Experience and Training: ☐ Yes ☐ No

Branch _____ Date Entered ____ / ____ / ____ Date Discharged ____ / ____ / ____ (attach discharge document)

Final Rank _____ Your Duties _____

Special Training _____

EMPLOYMENT HISTORY

List all employment for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Name of Employer			Telephone (May we contact?)		
Address: Street		City	State and Zip Code		
Immediate Supervisor					
Employment Dates (Month and Year)		Title of Position		Starting Salary	Ending Salary
From:		To:		\$	\$
Description of Duties:					
Reason for change or leaving:					

Name of Employer			Telephone		
Address: Street		City	State and Zip Code		
Immediate Supervisor					
Employment Dates (Month and Year)		Title of Position		Starting Salary	Ending Salary
From:		To:		\$	\$
Description of Duties:					
Reason for change or leaving:					

Name of Employer			Telephone		
Address: Street		City	State and Zip Code		
Immediate Supervisor					
Employment Dates (Month and Year)		Title of Position		Starting Salary	Ending Salary
From:		To:		\$	\$
Description of Duties:					
Reason for change or leaving:					

EDUCATION

	NAME/CITY/STATE	GRADUATED?	TYPE OF DIPLOMA AND DEGREE
ELEMENTARY			
HIGH SCHOOL			
COLLEGE			
GRADUATE			
OTHER (Specify)			

Any other specialized training/professional certification? _____

(ATTACH A COPY OF THE ABOVE DIPLOMAS, DEGREES, CERTIFICATES, etc.) _____

Office Equipment Skills: _____

Computer/Word Processing Skills: _____

Foreign Languages - Spoken: _____ Read: _____ Write: _____

PERSONAL REFERENCES

Give name, address, telephone # of 3 references (NOT relatives or former employers)

NAME / ADDRESS	OCCUPATION	YEARS KNOWN	PHONE #
1.			() -
2.			() -
3.			() -

I hereby authorize **CATHOLIC CHARITIES OF SOUTHEAST TEXAS** to which I am applying for employment to contact my previous employers and personal references.

Signature

Date

I hereby certify that the answers to all of the foregoing questions are true, complete, and accurate. I clearly understand that false statements on this application shall be considered sufficient cause for refusal of employment or, if employed, cause for dismissal. I also understand that, if employed, I will be on probation for a specified length of time and that my continued employment will be contingent upon meeting acceptable job performance standards and abiding by the policies and regulations of the entity.

Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

In connection with my application for employment with **CATHOLIC CHARITIES OF SOUTHEAST TEXAS**, I understand that inquiries will be made concerning my employment background and qualifications, character, education, and other related matters, such as criminal and driving records, which may be relevant to my employment qualifications. Accordingly, I hereby authorize my former employers, schools, criminal justice and other agencies, or persons named as references to release to **CATHOLIC CHARITIES OF SOUTHEAST TEXAS** any and all pertinent information relating to my employment or educational record. This may include, but is not limited to, academic achievements, work habits, Job performance, attendance, skills and/or abilities, disciplinary actions, arrests, and conviction records.

I hereby release any individual, agency, or company, including record custodians, from any and all liability for damages of whatever nature, which may at any time result from compliance with this authorization. I agree that **CATHOLIC CHARITIES OF SOUTHEAST TEXAS** shall not be held liable if the job offer is subsequently withdrawn.

This authorization shall be valid for three months from the date of my signature below.

Applicants' Name: _____ Social Security # -----
(Print)

Current Address: _____
_____ Zip Code _____

Signature

Date



Catholic Charities of Southeast Texas
APPLICANT / VOLUNTEER BACKGROUND QUESTIONNAIRE

Please Print

Confidential

NAME: _____
Last First Middle Other Names Used / Alias / Maiden Last Name

ADDRESS: _____
City State Zip

HOME PHONE: _____ WORK #: _____ CELL # _____

DATE OF BIRTH (M/D/YR): _____ DRIVER'S LICENSE #: _____
State

SOCIAL SECURITY # _____ Sex: F M Race: _____

1. Have you at any time been *accused* of child/sexual abuse? (You are required to answer this inquiry whether or not a criminal conviction arose out of the allegation.) _____ Yes _____ No *If yes, please provide in detail the date, the place, and an account of the circumstances of each allegation.*

2. If yes, did any judicial proceeding arise out of the allegations of child/sexual abuse? _____ Yes _____ No
If yes, please identify the court in which the proceeding was brought and its location, the parties to that proceeding, the docket number of the proceeding, and any judgment or resolution that was entered or reached.

3. Are you under the supervision of any federal, state, or local corrections agency as a result of any allegations of child/sexual abuse? _____ Yes _____ No

4. Have you ever been convicted of or pleaded guilty/no contest to a misdemeanor or felony (other than a parking violation)? _____ Yes _____ No *If yes, please state the nature of the offense for which you were convicted or pleaded guilty/no contest, the date of the conviction or the entering of the plea, the judgment imposed, the court imposing the judgment and its location, and the docket number of the proceeding.*

5. Please list all **States** that you have either worked in or resided in during the **last ten years**:

"I certify that the responses contained in this document are true and complete to the best of my knowledge, and I understand that falsified statements on this document shall be grounds for denial of this application, termination of employment, or removal from participation in all volunteer programs."

"I authorize investigation of all statements in this document, including criminal and sex offender background checks, and, if deemed necessary, education verification, credit and driving records checks."

Signature of Applicant / Volunteer

Date

In house use only: ☐ Credit ☐ Driving ☐ Criminal ☐ Education

Program Lead Signature: _____ Date: _____